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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/817000
Filing Date	04/02/2004
First Named Inventor	Robert Eisenman
Art Unit	2632
Examiner Name	
Attorney Docket Number	021906.0003US2

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR X I hereby appoint the practitioners associated with the second seco				omer Number:		24392		
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I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature /// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Name	Robert Eis	ert Eisenman						
Date	ate July 18, 2007 Telephone							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
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